



State of Alaska
 Department of Commerce, Community and Economic Development
 Division of Corporations, Business and Professional Licensing
DISPENSING OPTICIANS SECTION
 PO Box 110806, Juneau, AK 99811-0806
 Phone: (907) 465-2550
 E-mail: license@alaska.gov
 Website: www.commerce.alaska.gov/occ

APPRENTICE TERMINATION OF SPONSORSHIP/VERIFICATION OF TRAINING

12 AAC 30.110(d) requires that within 30 days of termination or completion of apprentice training, the supervisor must notify the department in writing. Fill out this form in its entirety and submit it to the address above. If a section does not apply, write "N/A". If you have zero hours to report, you still need to submit this form in order to terminate the apprenticeship. Dispensing Opticians can have only TWO apprentices at any given time (AS 08.71.160(b)). There is no limit to the number of apprentices for optometrists or medical physicians (MD/DO). Alternate sponsors should also use this form for hours completed. You must also include the Check Sheet Verification (08-4151c) with form, filled out in its entirety. Incomplete Apprentice Termination forms or Check Sheet Verification forms will be returned.

Name of Apprentice	Last	First	Middle	License #:	
Name of Business Where Training was Received:					
Complete Mailing Address of Business Where Training was Received:	Address (Include street address if using post office box)				
	City	State		Zip Code	
Name of Supervisor:				Phone #:	
Supervisor License #:		License Type:	<input type="checkbox"/> Optometrist	<input type="checkbox"/> Dispensing Optician	<input type="checkbox"/> MD/DO
Dispensing Optician Only:	Licensed for: <input type="checkbox"/> Contacts <input type="checkbox"/> Spectacles <input type="checkbox"/> Both				
Date Training Commenced for Contacts:	Month/Day/Year		Date Training Commenced for Spectacles:	Month/Day/Year	
Number of Hours of Contact Lens Training:			Number of Hours of Spectacle training:		
Date Training Terminated for Contacts:	Month/Day/Year		Date Training Terminated for Spectacles:	Month/Day/Year	

Comments: _____

I HEREBY CERTIFY that the above apprentice received the hours of training listed above in accordance with 12 AAC 30.120 and that I have complied with the supervision of apprentice requirements in accordance with 12 AAC 30.125. I understand that this report is subject to audit, and that I have filled out the Check Sheet Verification form in accordance with 12 AAC 30.120.

SIGN HERE

 Signature of Supervisor Date

SUBSCRIBED AND SWORN TO before me this ____ day of _____, 20____.

NOTARY SEAL

 Notary Public

for the State of _____